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| Case Number: | CM14-0211297 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 09/19/2011 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an injured worker with a history of carpal tunnel syndrome, ulnar nerve cubital tunnel syndrome, right shoulder rotator cuff tear, and cervical herniated nucleus pulposus. Date of injury was September 19, 2011. The progress report dated September 10, 2014 documented the patient was five days post-operative for his right shoulder. He had decompression and partial distal claviclectomy. He did not need a rotator cuff repair. He is doing well. He had a 2 cm resection. He will remove his own pain pump on Monday. The patient range of motion of the shoulder active and passive at flexion 90 degrees and abduction at 30 degrees. Regarding the treatment plan, the patient will continue using his medication. His shoulder was recovered with new tape and dressing. He is going to be temporarily totally disabled for one week and he will come back in one week for suture removal and start physical therapy. The Internal Medicine report dated July 31, 2014 documented a history of gastrointestinal bleeding, gastropathy and irritable bowel syndrome. The progress report dated September 22, 2014 documented the patient was doing well and home therapy. Sutures were removed. The progress report dated October 16, 2014 documented that the patient still has moderate-to-severe neck pain depending on circumstances. He also has moderate-to-severe right shoulder pain and moderate left shoulder pain. He has mild right wrist pain and mild left wrist pain. It should be noted that he has had multiple surgeries. He had an anterior cervical discectomy and fusion at C4-5 and C5-s on 12/6/12. He had a right carpal tunnel release on 1/7/14. He had a left carpal tunnel release on 4/18/14. He had a right shoulder arthroscopic decompression and partial distal claviclectomy. The patient has moderate -to severe neck pain. The patient has moderate-to-severe right shoulder

pain. The patient has moderate left shoulder pain. The patient has mild right wrist pain. The patient has mild left wrist pain. The patient's medications are Xanax 1 mg as needed for sleep, Norco 10/325 mg approximately 3 times a day, Prilosec 20 mg 2 times a day, Ibuprofen 800 mg three times a day and he uses the topical cream Ketoprofen, Gabapentin and Tramadol. Physical examination was documented. The patient has normal posture and movement. He has no tremors. There is a 4-cm horizontal left anterior cervical scar from surgery. He has three puncture scars in the right shoulder. He has no deformities. In regard to the cervical spine, the patient has a fusion that is solid at C4 through C5 with stiffness of the cervical spine. In regard to the right shoulder, the patient does have a distal claviclectomy of 2-era and arthroscopic decompression with some residual weakness and residual limited range of motion. In regard to the left shoulder, the patient has moderate posttraumatic arthritis of the acromioclavicular joint, but with a full range of motion and normal strength. Utilization review determination date was November 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 30mg/ Ketoprofen 30mg/Tramadol 30mg Topical Cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of carpal tunnel syndrome, ulnar nerve cubital tunnel syndrome, right shoulder rotator cuff tear, and cervical herniated nucleus pulposus. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS. Therefore, the request for Gabapentin 30mg/ Ketoprofen 30mg/Tramadol 30mg Topical Cream #1 is not medically necessary.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Official Disability Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are not recommended as first-line medications by the Official Disability Guidelines. Medical records document the long-term use of the benzodiazepine Xanax. MTUS guidelines do not support the long-term use of benzodiazepines. Official Disability Guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Xanax is not supported. Therefore, the request for Xanax 1mg #60 is not medically necessary.

Prilosec 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. The Internal Medicine report dated July 31, 2014 documented a history of gastrointestinal bleeding, gastropathy and irritable bowel syndrome. Medical records document the long-term use of NSAIDs. Medical records document gastrointestinal risk factors. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec 20mg #90 is medically necessary.

Ibuprofen 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs

can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. The Internal Medicine report dated July 31, 2014 documented a history of bleeding from the gastrointestinal tract. The impression was gastropathy and irritable bowel syndrome. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Ibuprofen 800 mg is not supported by MTUS guidelines. Therefore, the request for Ibuprofen 800mg #100 is not medically necessary.